

Participant Survey

Please answer all of the questions on the **front and back** of this form to help us understand your experience with the PATH Clinic. Your name will not appear on this form.

Place a checkmark (✓) beside the statement that best describes you:

I attended the PATH Clinic...

- ... so I could make better health care decisions **for myself**.
- ... so I could help make better health care decisions **for someone I care for**.

Part I – Past Attitudes About Your Health

INSTRUCTIONS: Read each question and **circle one number** to indicate your response.

Think back to a month before you came to our clinic. When you thought about your health then, how well did you understand...

1. ... how your medical conditions **affected each other** and your overall health?

1	2	3	4	5	6	7
not at all			uncertain		completely	

2. ... what to expect in the **future**?

1	2	3	4	5	6	7
not at all			somewhat		very much	

3. ... how your medical conditions may affect the **health care decisions** you make in the future?

1	2	3	4	5	6	7
not at all			somewhat		very much	

4. ... what **information you needed** to make good medical decisions?

1	2	3	4	5	6	7
not at all			somewhat		very much	

5. How **confident** did you feel about speaking with doctors or other health care professionals about your health?

1	2	3	4	5	6	7
not at all			somewhat		very much	

Continued on the other side...

Part II – Current Attitudes About Your Health

INSTRUCTIONS: Read each question below and **circle one number** to indicate your response.

Think about how you feel today. When you think about your health now, how well do you understand...

1. ... how your medical conditions **affect each other** and your overall health?

1	2	3	4	5	6	7
not at all		uncertain			completely	

2. ... what to expect in the **future**?

1	2	3	4	5	6	7
not at all		somewhat			very much	

3. ... how your medical conditions may affect the **health care decisions** you make in the future?

1	2	3	4	5	6	7
not at all		somewhat			very much	

4. ... what **information you need** to make good medical decisions?

1	2	3	4	5	6	7
not at all		somewhat			very much	

5. How **confident** do you feel today about speaking with doctors or other health care professionals about your health?

1	2	3	4	5	6	7
not at all		somewhat			very much	

6. Have you found the PATH process **emotionally upsetting**?

1	2	3	4	5	6	7
not at all		somewhat			very much	

7. Has the overall experience of the PATH Clinic been **helpful**?

1	2	3	4	5	6	7
not at all		somewhat			very much	

8. Taking the entire experience into account, are you **glad you participated** in the PATH process?

1	2	3	4	5	6	7
not at all		somewhat			very much	

9. Would you **recommend** the PATH Clinic to a friend or family member?

1	2	3	4	5	6	7
never		perhaps			definitely	

10. What could we do to improve the PATH process? _____

11. What was good about this Clinic? _____
